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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*None*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	6	19	3
Verified and Acknowledged	<i>James H. Polk</i> Examiner's Signature	Initials			

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## TITLE

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